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MIC-12693-1P

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DECLARATION FOR UTILITY OR DESIGN

PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

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X	Declaration Submitted		Declaration Submitted Filing (surc (37 CFR 1, required)	after Initial	Filing I	Date	Fi	led Herewith		
	with Initial OR Filing				Art Un	t ur		nknown		
					Exami	ner Name	ur	nknown		
I hereby declare that:										
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
THICK GATE OXIDE TRANSISTOR AND ELECTROSTATIC DISCHARGE PROTECTION UTILIZING THICK GATE OXIDE TRANSISTORS										
(Title of the Invention)										
the specification of which is attached hereto OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the confrustrion-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breaders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the birlied States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breader's certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior	Foreign Application Number(s)		Country	Foreign Fili (MM/DD/		Prior Not Cla		Certified Cop YES	oy Attached? NO	
N/A										
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)										
N/A							Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			

[Page 1 of 2]
This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and This collection of Information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to 16 (and by the USPTO to process) an applicant Confederable is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including pathering, preparing, and submitting the completed application from to the USPTO. There will vary depending out the information of the amount of turney over require to complete the form and/or suggestions for reducing this burder, should be sent to the information Officer. U.S. Paters and Trademark Otice, U.S. Depathered of Commerce, P.O. Box 1450, Mexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TOT HIS ADDRESS. SEND TO: Commissioner for Patentist, P.O. Box 1450, Mexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TOT HIS ADDRESS. SEND TO: Commissioner for Patentist, P.O. Box 1450, Mexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO HIS ADDRESS. SEND TO: Commissioner for Patentist, P.O. Box 1450, Mexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO HIS ADDRESS.

## DECLARATION - Utility or D sign Pat nt Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insolar as the subject matter of each of the claims of the application is designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentiability as defined in 3 CFR1 136 which became available between the filing date of the prior application and the national or PCT international filing date of the prior application.

U.S. Parent Application or PCT Parent Number 010/336,202 010/32003												
Additional U.S. or PCT international application numbers are listed on a supplemental priority date sheet PTO/SBV28 attached here have not a many process of the patient and thereby appoint the following registered practitioner(s) to prosecute this application and 10 trains business in the Patient and Tradomark Office connected therewith:     Customer Number	U.S. Parent A	er						Parent Patent Number (if applicable)				
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transa business in the Patent and Trademark Office connected therewith:   OR   Registered practitioner(s) named on number listed below  Registration   Number   Name   Na						T	01/03/2003					
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transa business in the Patent and Trademark Office connected therewith:   OR   Registered practitioner(s) named on number listed below  Registration   Number   Name   Na	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.								ached hereto.			
Name   Number   Name   Number   Name   Number	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:    Customer Number   022888   Place Customer Number N											
Direct all correspondence to:   Customer Number or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  OR □ Correspondence address believe or Bar Code Label  O22888  Fax ↓ 1 (408) 451-5906  Fax ↓ 1 (408) 451-6906  Fax ↓ 1	Name	F				Name				F		
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Name Address City State	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.											
Address  City  Country  Telephone												
City  Country  Telephone  1 (408) 451-5906  Fax  1 (408) 451-5908  F	Name											
Telephone   H (408) 451-5906   Fax   H (408) 451-5906   Fax   H (408) 451-5908   H (408												
Intereby declare that all statements made herein of my own knowedge are true and that all statements made on information and pell believed to be true, and further that these statements were made with the knowledge that willful false statements and en information and pell pell pell pell pell pell pell pel	City					State	1		ZIP			
believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so marphinable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements and the like so marphinable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements and the like so marphinable by fine or surplication or any patient issued thereon.  Name of Sole or First Inventor:  Given Name (first and middle (if any)  Shekar  Inventor's Signature  Residence: City  San Jose State  CA  Country  US  Citizenship  Indi  A petition has been filed for this unsigned inventor  US  Name of Additional Joint Inventor, if any:  Given Name (first and middle (if any)  Family Name or Surname  Family Name or Surname  Inventor's Signature  Inventor's Signature  Residence: City  State  CA  COUNTRY  A petition has been filed for this unsigned inventor  Given Name (first and middle (if any)  Family Name or Surname  Date  Residence: City  State  Country  US  Citizenship  Name or Surname	Country		Telephone +1 (408)				451-5906 Fax +1 (408) 451-5908					908
Name of Sole or First Inventor:  Given Name (first and middie (if any) Family Name or Surnaws Mallikarjunaswamy  Inventor's Signature  Shekar  Inventor's Signature  Shekar  Shekar  Inventor's Signature  Shekar  Shadie CA Country US Citizenship Indie (if any)  Name of Additional Joint Inventor, if any:  Given Name (first and middie (if any)  Inventor's Signature  Shekar  Shadie CA Country US Citizenship Indie (if any)  A petition has been filed for this unsignature Inventor  Given Name (first and middie (if any)  Family Name or Surname  Date  State CA ZIP 95123 Country US  Signature  Given Name (first and middie (if any)  Family Name or Surname  Date  Residence: City  State Country US Citizenship   Name of Additional Joint Inventor's Signature	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made or junishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may joopardize the validity of the											
Inventor's Signature												
Inventor's Signature	Given Nar	ne (first and mid	die (if any	/)		Family Name or Surname						
Residence: City												
Mailing Address   258 Coffeeberry Dr.   City   San Jose   State   CA   ZiP   95123   Country   US	Inventor's Signat	ıre	M. J. Ohe			La					Date 9/18/03	
City         San Jose         State         CA         ZIP         95123         Country         US           Name of Additional Joint Inventor, if any:	Residence: City	San Jos	e	State	C	A	Cour	try	US	Citizen	shlp	india
Name of Additional Joint Inventor, if any:  Given Name (first and middle (if any)  Inventor's Signature  Residence: City  Malling Address  A petition has been flied for this unsigned inventor  Family Name or Surname  Date  Country US Citizenship	Mailing Address	258 Cof	eeberry D	r.								
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Inventor's Signature  Residence: City  State  Country  US  Citizenship  Malling Address	Name of Additional Joint Inventor, if any:					☐ A petition has been filed for this unsigned inventor						
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Residence: City State Country US Citizenship Malling Address												
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	City			Stat			ZiP			Countr		US
Additional inventors are being named on th supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached heref												